

DEPARTMENT OF HEALTH

REGISTERED COUNSELOR TASK FORCE

July 20, 2006

Pellegrinos Tyee Center
Tumwater, Washington

Meeting Minutes

Opening Remarks

Laurie Jenkins opened the meeting at 9:00 AM.

More about Registered Counselors

Karen Kelley presented results of the research the committee requested at the last meeting, including the online survey results, disciplinary data, and credentialing in other states. The research is included at the end of the minutes.

Settings

Community Mental Health: Ann Christian and Kelly Foster gave an overview of statutory, regulatory, and other state requirements governing community mental health staff. Community mental health agencies are highly regulated with quality controlled supervision. These settings see a high percentage of Medicaid clients. The State Medicaid Plan defines levels of credential for specific service modalities. Many of these agencies also pursue private accreditations such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and/or the Commission on Accreditation of Rehabilitation Facilities (CARF).

Credentials, education and supervision are defined in WAC for community mental health by the population served. RCs provide many other roles than therapy.

Clubhouses: Caroline Wise gave an overview of the clubhouse setting. Education ranges from AA degree to psychologist. Staff are either licensed or registered. They do not provide therapy or counseling. The clubhouse participants (members) work side by side with each other and staff to perform the work necessary to operate a clubhouse on a daily basis, including running a restaurant and doing grounds work. Many members are homeless and for many, traditional treatment did not work. Clubhouses teach recovery through community where everyone has equal status.

Chemical Dependency Treatment: Dennis Malmer gave an overview of chemical dependency treatment providers. Department of Social and Health Services (DSHS) shares jurisdiction with Department of Health (DOH) for chemical dependency treatment providers. DSHS certifies the agencies while DOH credentials the individuals and residential treatment facilities. Mr. Malmer stated that they receive feedback that the certification requirements for these settings are very demanding.

Chemical Dependency Professionals (CDP) Trainees – only work in regulated settings – activities vary depending on supervision authorization. Settings and supervision requirements are provided in WAC.

Discussion about Research reported

The following observations were made about the research results:

There are a significant number of RCs in training as SOTPs.

It looks like there is a 25% growth in RCs compared to 200% growth in number of actions. What do you think caused this? Are there more complaints or is it due to changes in how we regulate them. In CDPs, there was probably growth in complaints as we transitioned them from DSHS to DOH.

It seems that supervision in the community mental health system is handled well. There seem to be many safeguards.

The number of RCs not supervised, almost 30%, concerns me as a member of the public.

Matrix of Credentialing Options

There was quite a bit of discussion about what to think about while creating this matrix. Here are ideas that were suggested during this discussion:

We need to get clear what problem we're trying to fix. Keep it in mind while we do the matrix.

One challenge is how influential the data can be, while it does not govern what we do. There is no data that shows if education or licensure helps with discipline, but we often feel it does.

We need to add continuing education to the matrix under the education category.

All our different backgrounds give us very different perspectives on education, etc., so we should each address the education and experience, etc. of our specific professions.

We were reminded that we talked at the last meeting about starting with some broad requirements for all that can be filled in with specifics by each profession.

It was stated that the framework has not yet been laid for us to begin the matrix.

This seems to be ponderous – the issue is public protection. There are two groups: 1) under supervision or in an agency; and 2) no supervision.

It seems it is more about public disclosure – supervised – unsupervised – training.

The public doesn't know the difference between registered and licensed. State designation is seen as something the state endorses. It is independent practice RCs who concern some folks. This seems to be the danger – unsupervised with no education.

Lack of supervision is dangerous. 30% not working toward licensure is a bad thing.

If you are going to do this for a while, you must get licensed.

One suggestion is to pull out all the “in training” and then have the groups broken down:

- 1) the individual practice acts specify requirements;
- 2) a) supervised and b) unsupervised. Can we regulate this unsupervised group?

Representatives from the different groups need to go back and draft a high level concept of the “in training.” Accrediting bodies do some of this already.

Licensed individual practice – more specific – has additional 5 years supervised practice.

One suggestion is to have title protection with tiered levels of practice.

Many feel that education does not prove competence.

Peer counselors may fall through the cracks. Suggest a category called “registered lay counselor.” We should add them to the matrix. There are already disparities by race and class in education. We don’t want to eliminate this whole group with educational requirements.

There is no current title for BA social worker.

There is no state oversight in clubhouses. There is international but not necessarily state.

We have identified the “in training” category, but should there even be a category for those not in training. If not, what should they still be allowed to do? Is there harm in RCs by the perception of expertise?

We need to weigh confusion and misrepresentation of calling oneself an RC over the good work they are doing.

The DSHS Mental Health Division (MHD) has a peer counselor certification program. It currently requires registration but the regulations reside with state and federal requirements. If we change or do away with the RC credential, MHD would change its WAC accordingly.

Clubhouse oversight – they subcontract with regional and federal authorities.

We should focus on registered counselors with no supervision.

I remember when changes to CDP rules – certified CDPs at certain educational levels could work only in organized programs with supervision. Also, the MA degree was the baseline for independent practice.

Why do we regulate RCs in the first place – was it for the state to know who was out there counseling? If we say an MA degree is required, some people will just start calling themselves “life coaches.”

There is a notion that continuing education equals competence. It is widely recognized that it does not.

Maybe we need a behavioral sciences board similar to that in Arizona.

We need to restructure titles, such a “lay counselor”. The title registered counselor does not serve the public.

Maybe RCW should have a career ladder with national standards if possible.

We need to focus on some key items because we can’t do some big super bill in January. It’s too big. We should take a bite at a time.

There was a recommendation to come up with a title and specific oversight requirements for the unsupervised group.

Recommend a title like “registered helper” and add an ethics course requirement similar to how we added the aids education requirement.

How about “registered private counselor”?

While this group is considering the fate of those not represented on the task force, we need to consider the cost to them of adding education.

Potential titles for unsupervised group:

- Registered Private Counselor
- Mental Health Technician

Recommendation that we do not credential any new registered counselors.

Recommendation to have peer groups which include one licensed person with an MA degree.

Should the state be in the business of credentialing people with no requirements?

Is there a liability to the state in doing this? It was clarified that there is no liability to the state as long as we are following the RCW and WAC.

Should DOH provide a credential to unsupervised RCs not moving toward licensure?

The group took an oral vote and the outcome was – yes, but with limitations.

We need to clarify independent practice. We don’t want to lose peer counselors. We could have a career ladder and use registered counselor as the entry level and define the scope of practice.

What are the limitations?

Start the ladder at the beginning with what should be required to get your foot in the door.

We can't take those already working and take it away. It is reasonable to grandfather and then stop the "train" for the new folks.

The question was asked why the RC credential was created in the first place. It was stated that it was created in 1987 because only psychiatrists and psychologists were regulated. Training was seen as less important back then than it is today. RC brought them under the Uniform Disciplinary Act and gave the state oversight. DOH wanted a way of knowing who was "hanging out a shingle" and the ability to discipline.

We are doing what is the normal progression of a profession based on other professions – we are following protocols.

One recommendation: from this point forward to get in the door, you must be in a supervised setting and licensed by the state. Is there an agreed upon level of education? Examination? There is no agreed upon examination.

What do we need from this group?

Recommendations/proposals from the groups and stakeholders.

Basic education at each level (BA-MA-starting practice).

Standardized testing – don't know about any so we would have to create.

In order to not lose those RCs in the audience who do good work, maybe different titles (labels) with appropriate monitoring.

Career ladder.

The value of peer counselors is not that they are going into further education – we can't forget them.

We should not limit the term "counselor."

Different ladder for agency than independent practice.

Audience Comments

Richard Miles

I'm an independent unsupervised registered counselor. I'm also a Zen Buddhist priest. I've been practicing Zen Buddhism for 35 years and have been a registered counselor in Washington State since 1954. My practice is pastoral counseling. I deal with life struggle issues, people dealing with a death in the family, prolonged illness, career struggles, people who are struggling with their daily life issues who seek a counselor to help them with those problems. I am not in the mental health field. If a person is beyond my expertise, such as with a bi-polar disorder, I say "go see a doctor." That's not my job. I registered as an RC for the issue of supervision of the state if there is an ethical violation. I wanted to be on the list. (time was called)

Miriam Dyak

In earlier comments there was an attempt at humor because there are apples and oranges mixed together in this counseling field and we've been mainly talking about the apples. I'm one of the oranges. What I mean is there is a huge number of us in private practice who are not mental health counselors. We don't work with people who need treatment. We're working on personal growth teaching communication skills. I have 22 years experience in that. I have written a text book that is used world wide. I teach locally, nationally, and abroad. I have an enormous amount of respect in my field but my credentials don't show up on your survey, and my supervision doesn't show up in your categories, and maybe I don't belong in the registered counselor field. Maybe that's not what I should be, but I should be something.

Marty Karr

I'm retired airforce. I received my bachelor's degree from the UW in industrial psychology in 1986. I received my registration shortly after that. I used it in the military very actively. While in the military I also used it with women's shelters. I was very much an advocate as a registered counselor. As an RC with the American Red Cross, where I worked with licensed counselors. The national came down, and we as RCs could no longer practice because we did not have our master's. I take issue with that. I have a proposed ladder, BA degree, bonding with the state, C.E.U.s, supervision in line with the American Bar Association, and grandfather those of us who have been doing it for at least 20 years. Also, please recognize the registered private counselor license proposed by Preston.

Paul Weatherly

I'm a CDP and was an RC. Once I got my CDP, I dropped my RC because I no longer needed it and to save \$40 per year. The reality was that as an RC I could practice any way I wanted to as long as I defined my therapeutic orientation, etc. on my application. But as a CDP my practice was extremely limited. So I spent a lot of money to have my practice limited.

Richard Lopez

I'm a chaplain for the Olympia Fire Department and registered counselor. When I look at the numbers here of disciplinary actions, you have separated all the registered counselors at 163 actions and you separated all the MHPs but if you put them all together, they're at 82 and that's a public health issue. That's a staggering number to me because there's an assumption that MHPs should know better so I think you need to look at that number to if you put them all together. The mental health community is not perfect – there are a lot of holes in working with the fire department. I see a

lot of stuff on the front lines where people cannot get into the system and cannot get community mental health. Especially those that get out of jail and those of us RCs who deal with the slack and we're trying to get those people into the system and I think there's an assumption that we're trying to steal clients out of the community network.

Dennis Herrmann

My issues are in education. Is the education we're going to give people going to make them mentally healthier and pass that on to the people they are going to treat? As I've looked at the field over the last 30 years, and their success rate is somewhere around 10 – 20%, it seems to me that one would have to look at the education to see if it's really worth it or are there new things in the field we haven't seen yet. Over 30 years, I have found one small group of people who get a cure rate of 60-70-80%. I think that's what we need to look into – new ideas of how to help people.

Renee Miereanu

To qualify, I have been in private practice for 25 years and I'm a hypnotherapist and what I notice is there hasn't been any demystification in the use of hypnosis and I also notice there is not someone on this task force that represents hypnotherapists so I'd like to be looked at in that capacity. I've received referrals over the years from many professionals and I must say we are operating a bit here on the elitist attitude that RCs and hypnotherapists are causing more damage than licensed folks and the data collected does not show this. There is a lot of fear that is assumed and I'd like to point that out.

Miguel Perez-Gibson

I am in private practice. I practice transpersonal psychology. I have a master's degree in counseling psychology. I do have supervision. I have a peer supervision group and a supervisor and continuing education. I just completed certification from Vancouver, B.C. in spiritual direction and have completed workshops. I'm not licensed because of the number of hours I need to be supervised to become licensed. I provide all my clients with the required disclosures about my background and education. I also have malpractice insurance. The majority of my clients have already worked with other therapists, licensed therapists, etc. I have 2 concerns. One is whether I'll be able to continue my practice. Two is what is the problem we're trying to address – the nomenclature of registered (time called)

Verne Gibbs

Any time you start into a policy discussion and a discussion of terminology it's always good to go back to the dictionary. There is nothing in the dictionary under the definition of counselor that includes mental health, so the term registered counselor is in fact very wide and inclusive. The discussion here has been what do you do about the mental health component. If you are going to address the registered counselor issue, you're going to have to be more inclusive about those of us who don't hold ourselves out as practicing mental health.

Rod Davis

I'm a registered counselor for 3 ½ years and have a PhD in social psychology. It's abominable that no registered counselor in private practice is on this task force. Several of us, our point of view is not really represented here. There's another point of view entirely that is not being considered. You have ignored the disclosure statement. You can't protect the public the way you are trying to do it, not in reality. You

can legislate – you can do this kind of thing, but I don’t think you’ll really be protecting the public. You can do something with the disclosure statement – add a disclaimer about what a registered counselor or I like the term registered private counselor, what that is. Assume the public is intelligent. Assume people can make discriminatory decisions with choices about who they’re coming to see. Also read how counseling is defined in the RCW. It’s not just mental health (time called)

Von Byington

The one thing that sticks out in my mind is how would me as a registered counselor prove that I’m moving toward licensure? That would be something the committee would need to consider. If I’m a lay counselor, a minister in training, how would I be affiliated with anybody who could say, yes he’s part of us. Or if private counselor is not working toward licensure, you get where I’m going.

Gail McGaffick

I’m officially representing the Home Care Association of Washington, Home Health Hospice and Home Care Agencies. Under Laurie’s proposed recommendation, these entities are state licensed and they use master’s level counselors often, actually master’s in social work. They don’t all have a license. I think it’s important to remember that the bar for licensure was set very high, and I think intentionally so because that was the way professions wanted to go. I just wanted to note that it was set extremely high. The definition of counseling is extremely broad. I support that the membership on this group needs to be broadened and I look forward to further discussions and I hope discussions can continue.

Vivian Grice

I am a registered counselor. I work with schools. I first received my RC in 1994 and after that I wasn’t able to work in the field due to family illness and personal situations. I eventually found work in the school system. I’ve been working as a child development associate for over 7 years in the public school setting. They were glad to have me on board because they didn’t have a counselor. The families I see cannot afford to seek private systems. My concern is how this will affect the school system. As far as I’m concerned, working in the public school system is mental health. (time called)

Miguel – 30 seconds to finish his thought from earlier

I think the nomenclature of registered counselor was actually a method of tracking people and became more than it was intended to be. If we look at the number of licensed mental health therapists and marriage and family therapist who have actually received their license as a result of going through the hoops, what percentage of those are actually grandfathered. It would be interesting to see how many in the state who have been able to go through this process. My last point, nobody here is trying to do any harm. When you get in your car driving 65 mph, ask how much examination, training, supervision your mechanic had.

Audience Written Comments

How does a RC prove they are moving toward licensure?

“Unsupervised” needs to be expanded to include under-credentialed supervision, i.e., the 7% who do not hold ANY credentials!

Does the new fish ladder, “from this point forward...” exclude the previous “unsupervised” category not moving toward licensure/certification?

A registered counselor in private practice should be represented on the task force. A work session with registered counselors representing each licensed category (i.e. with master's degree) and those without master's not on track toward licensure should be conducted to I.D. barriers that keep them in registered category and what standards of practice should be required under registration.

Barriers include number of supervised hours.

Definition of "counseling" is very broad.

Definition of word "supervision" will be important. Please consider "indirect", "consultation", etc.

I'm going to need a mental health counselor by the end of this meeting. It's hard to listen to people describe one end of the elephant and ignore most of it.

I'm afraid you may be wasting your time. The legislators must respond to their constituents and will not vote for anything so restrictive as to be against the public interest. You/they will hear a huge outcry if you restrict as some of you are pushing for.

Of those who answered the survey, 73.05% have a BA or greater education in counseling – I think it's important to ask why they choose registration instead of licensure and look at the great discrepancy between registration and licensure.

Registered counselor is an important group if they are going to be licensed. In the past the CD field had CACI, CACII, and CACIII with specific requirements. A CAC I could have an AA degree. Often this group continued its education or equivalent experience. Good supervision should be required at all levels. I agree non supervision spells trouble and should not be allowed.

Miriam Dyak

As a registered counselor in the State of Washington for the past 15 years, I would like to share my perspective on the value of having registered counselors in our community. I will be using my own experience to elucidate each of the following six points:

1. Registered counselors offer a rich resource of many kinds of personal growth work that are not available through standard counseling programs. I will use my own work as an example. I work with a process called Voice Dialogue that was developed by two psychologists in California. Voice Dialogue is taught throughout Europe, Australia, some parts of Asia as well as in many parts of the US and Canada. Holland offers a masters level program in Voice Dialogue work, but in the US there are no colleges or universities that offer training in this work. I teach workshops and training in Voice Dialogue that are often attended by licensed therapists, psychiatrists, nurses, physical therapists, psychologists, body workers, and creative individuals from a variety of other professions who value the work that I am doing and want to integrate it into what they are doing.

To become a licensed counselor, I would have to stop doing my life's work in order to go to school to learn something else that does not interest me nearly as much and for which I probably have far less talent. At age 60 and after 23 years of dedicating myself to Voice Dialogue work, that seems a tremendous waste of time and resources for me and a loss for my clients and for the community at large. This is my story, and because I am in touch with many other registered counselors like myself who are very dedicated professionals, I believe there are hundreds of similar stories among Washington's registered counselors.

2. Registered counselors bring far greater experience and qualifications to their work than what the State requires of them. One of the criticisms leveled recently against registered counselors is that "we're only required to take a 4 hour AIDS class in order to register." If people stopped to think for a moment, they would realize it is very unlikely that a registered counselor could succeed in private practice where clients pay out of pocket if all we had were those qualifications. Because we're not required to all be the same as each other, each registered counselor brings a unique background and credentials to their work.

Again to use myself as an example. As I said earlier, I have 23 years experience as a Voice Dialogue facilitator. I am a senior staff member of Delos, the institute run by the originators of Voice Dialogue work in California. I have written and published the basic textbook for learning Voice Dialogue facilitation – this text is used worldwide for training in the Voice Dialogue method. I have also published CDs that are used by clients and students for practicing this work. I am also the co-founder of The Voice Dialogue Institute in the Seattle area and have been teaching classes for the past 6 years that are sponsored by The Association for Humanistic Psychology. Our classes offer continuing education credits for licensed counselors, and I already mentioned above that many professionals attend these trainings. These people would surely not be paying to train with me, sometimes traveling across country to do so, if all I had to offer was the experience of a 4-hour AIDS class!

In addition I have a B.A. from Oberlin College, a now-expired teaching certificate, and I was a co-founder of a women's counseling service in the 1970's. I could go on listing more background and qualifications, but I think my point is quite clear. I believe that each registered counselor in private practice in Washington (in contrast to those who had no intention of becoming counselors and only registered because an agency instructed them to do so) most probably has his or her own rich background of experience and training that goes far far beyond what the State requires. Forcing all these people to retrain and become more similar to each other would simply "dumb us down" and waste a lot of the wealth we bring to the life of the community.

3. Washington is seen in other parts of the country as an innovative leader in the counseling field partly because of our registered counselors and the creative work they are doing. These are all people who bring a rich background of creativity and training from all over the world. I have read recently in the local press that there is an impression that Washington State attracts under qualified people to practice as counselors here because of our registered counselor program. To the contrary, it is my experience that we attract a lot of unique talent and innovation because we are open to the possibility that counseling is not only about treating illness. It can also be about learning to live well and acquiring the skills to have better communication, more enlivening personal and professional relationships, and more fulfilling careers. This kind of counseling can be of huge benefit even if there is no diagnosable problem or specific illness to be treated. I travel to conferences and to teach in the US and abroad and have encountered consistent admiration and even occasional envy for our registered counselor program. The comment I hear most often is, "How enlightened!"

4. Many registered counselors are leaders in the counseling community. As a registered counselor I have been a very active member of the counseling community. I just ended three years as Vice President, President, and Past President of Seattle Counselors Association, and before that I chaired the Program Committee for a year and served three years as the SCA

newsletter editor. At the end of my presidential term at SCA this June, I was presented with letter of gratitude for my service – I'm including that with this statement because it says a lot about the value of a registered counselor who is focused on the well-being of the whole counseling community beyond her (or his) own practice.

I'm also an affiliate member of Washington Association of Marriage and Family Therapists (that's their membership category for non-licensed counselors) and a long-time member of The Association for Humanistic Psychology. Three years ago I also was a presenter in Seattle at a national conference of the American Mental Health Counselors Association. In these organizations and conferences I run into a lot of other registered counselors, and my impression is that a lot of life might go out of our local, state, and national organizations if we were removed from participation.

5. Many registered counselors do not want to become licensed therapists because the requirement and process having to diagnose problems or illness and label people with these diagnoses runs counter to our philosophy and training. I have touched on this already, but I would like to emphasize that there are ethical as well philosophical problems with the idea of someone with my training and background becoming licensed in a system that is oriented toward diagnosis and pathology when our premise is that even people in distress are reaching for health in their own way and our job is support that, rather than labels them immediately with one form of pathology or another.

I should emphasize that when people come to me for counseling who seems deeply disturbed and need diagnosis and treatment (including medication), my approach is to refer them to someone in the counseling or medical community who is qualified to give them that kind of care. Being very involved in counseling associations that include both registered and licensed counselors helps me to be aware of resources beyond what I have to offer, and I try to keep my list of resources current. At the same time, there are quite a few licensed professionals who refer clients to me because I offer something in addition to what they can do with the client – it's not at all unusual for a person to continue seeing a "regular therapist" while working with me as well.

So what is it that I offer that is so different and valuable enough to a client to pay out of pocket for my service, rather than being reimbursed by insurance? After so many years of experience what I see again and again is that the core philosophy of the Voice Dialogue work I do is in itself encouraging and healing for people. Voice Dialogue views every part of a person as valuable – even the parts of us that seem to be causing the problems in our lives – and helps our clients to work with those troublesome parts in new ways to bring more wellbeing and balance into their lives. Clients come to me precisely because I don't diagnose and they know they will be seen as a vital human being who is struggling in their lives in a particular way that they would like to address. They come to learn skills that I can teach and to develop a process in themselves that they can use to work with on their own. If I do my job really well, my clients will "graduate" to using this work without me.

The other question is one of taking insurance. I am very happy that I don't and can't take insurance because I do not want to be put in a position of having to keep records of personal information about my clients or of having to turn that information over to anybody, especially to

an insurance company. I know many *licensed* professionals who also don't take insurance, even though they can, because to do so would violate their ethical standards for confidentiality.

6. Problems with registered counselors have been grossly exaggerated. *The majority of (the very few) problems that have occurred with registered counselors over the past 10 years have been with registered counselors working in agencies and not counselors in private practice.* Most of these counselors are people who applied for a job with an agency and were told they needed to register as counselors in order to get the job. As a registered counselor working independently, I am required to give every client a State issued pamphlet explicitly outlining ethical behavior for counselors and telling them where and how to call for help if needed. If agencies do not require this of their RC employees, then those agencies should be taken to task – not the thousands of dedicated registered counselors who are following the law. Translating the figures published in the *Seattle Times* on April 24, (and based on the number of counselors and the number of infractions), 99.4% of all registered counselors have *NOT* been disciplined for abusing or exploiting their clients over the last ten years. Even if there are a few more registered counselors who have behaved unethically and have not been reported, that still means that there are probably 99% of over 16,000 counselors who are not causing any problems and are contributing greatly to our community.

The current questioning about the status and qualifications of registered counselors came after an inquiry in the press about medical doctors who abuse their patients. Within a day or two that inquiry disappeared all together, and the spotlight was immediately and conveniently refocused on registered counselors. I imagine that it's far easier to target an unorganized group of individuals with no powerful association or lobby to protect them than it is to go up against the medical profession. I am hoping that our law makers will be far too intelligent to fall for that kind of scapegoating.

Thank you so much for your attention to my comments. I am proud to be a registered counselor in Washington. I hope others will speak to the value of this group of professionals and that the State will recognize us as the valuable and creative resource we are in the community.

Wrap Up and Next Steps

Laurie Jenkins reminded the group that our report is due to the Governor September 1 and it's not going to change.

We need to break into subgroups. Proposals from these subgroups are due to Department of Health by July 28, 2006.

What we would ask of each group is that you identify what the basic education, experience, and supervision requirements would be. Also, please identify what the title for that particular person or practice may be. For example the ladder group may have a couple of different titles. Also, please address if there is a limitation in the scope of practice. The final thing you should address is my biggest concern as a regulator. We can define something that is really workable theoretically, but when we think about having to implement it for 17,000 people, is it impractical or would it cost so much that nobody would be able to have this credential? Please keep this in mind. Health care assistant law requires they be associated with a facility. The amount of time and staffing this takes is incredible so we just need to think about that.

In-Training Groups – 1 group for each

Licensed Social Workers

Licensed Mental Health Counselors

Licensed Marriage and Family Therapists

Licensed Psychologists (narrowed so much and most PhD level get the experience required to become psychologists rather than being RCs – report will probably be that no change)

Certified Chemical Dependency Professionals

You may come back on some of these and say that the statute already covers it so you don't need it.

Ladder Group (not moving toward licensure)

A. Those in regulated facilities (there are already parameters so we don't want to recreate the wheel in our discussions)

B. Those in unregulated facilities

Start the ladder with getting your foot in the door and then go through the A and B tracks.

The question was asked whether we can add independent practice registered counselors on these workgroups. Laurie wants to get the proposals from the workgroups posted on the Web so that the stakeholders can comment on them. It's too late to add members to the task force.

TASK FORCE ASSIGNMENTS

SUB-GROUPS

Chemical Dependency Professional:	Carl Kester Dennis Malmer
Licensed Marriage & Family Therapists:	Dr. Phil Brown Preston Peterson
Licensed Mental Health Counselors:	Karen Langer
Licensed Social Workers:	Dr. Phil Brown Laura Groshong Hoyt Suppes
Licensed Psychologists:	Lucy Homans
Other – Regulated Facilities:	Ann Christian Kelly Foster Laura Groshong Ray Harry
Other – Unregulated: *Pastoral	Shana Cantoni Ray Harry Lucy Homans Karen Langer Preston Peterson

The updated Matrix of Credentialing Options is attached at the end of the minutes.

Meeting adjourned at 12:00 PM

Task Force Members in Attendance:

Lucy Homans
Hoyt C. Suppes
Karen Langer
Laura Groshong
Preston Peterson
Carl Kester
Shana Cantoni
Lisa Bennett
Phil Brown
Representative Jim Moeller (by phone
for part of the meeting)
Kelly Foster

Dennis Malmer
Ray Harry
Patricia Cummings
Caroline Wise
Ann Christian
Pam Anderson
Karen Kelley
Tracy Hansen
Laurie Jinkins
Fred Garcia
Representative Tom Campbell
Wendy Fraser (facilitator)

Audience Members:

Richard Miles
Marietta Karr
Miriam Dyak
Paul Weatherly
Donna Burger
Richard Lopez
You Soon Carter
Travis Turner
Patricia Kay
Gail McGaffick
Miguel Perez-Gibson
Verne Gibbs
Sharon Case
Von Byington
Rod Davis

Paula Fisher
Jacquelyn Ruley
Melanie Stewart
Marcia David
Vivian Brice
Alia Griffing
L. Tien
Lisa Kauffman
Timothy Larsen
Chris Blake
Dennis Herrmann
Connie Stewart
Renee Miereanu
Dianne Cox
Vivian Grice